

**Assembly Concurrent Resolution**

**No. 53**

---

**Introduced by Assembly Member Roger Hernández**

April 26, 2011

---

Assembly Concurrent Resolution No. 53—Relative to perinatal depression prevention.

LEGISLATIVE COUNSEL'S DIGEST

ACR 53, as introduced, Roger Hernández. Kelly Abraham Martinez Act: perinatal depression prevention.

This measure would enact the Kelly Abraham Martinez Act, which would urge hospital providers, mental health care providers, health plans, and insurers to invest resources to educate women about perinatal depression risk factors and triggers. This measure would also request that a statewide collaborative network of stakeholders focused on the areas of health, maternal health, and infant and child development, along with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the California Psychological Association, the Los Angeles County Perinatal Mental Health Task Force, and Postpartum Support International collaborate to explore ways to assist with the development of perinatal depression prevention educational materials.

Fiscal committee: no.

- 1 WHEREAS, In 2010, the Legislature proclaimed the month of
- 2 May, each year, as Perinatal Depression Awareness Month in
- 3 California; and
- 4 WHEREAS, Perinatal depression and other mood disorders
- 5 related to pregnancy and childbirth can take many forms, including

1 depression, anxiety, panic disorder, obsessive-compulsive disorder,  
2 and psychosis, with onset occurring during pregnancy and after  
3 childbirth and, therefore, it is clinically referred to as perinatal  
4 mood and anxiety disorders, “PMADs,” and herein referred to as  
5 perinatal depression; and

6 WHEREAS, Perinatal depression can have potentially serious  
7 repercussions upon the physical, emotional, social, and physical  
8 health of mothers, fathers, infants, children, families, and ultimately  
9 California communities, and therefore it is of interest to the  
10 Legislature; and

11 WHEREAS, Perinatal depression is serious, debilitating, and  
12 sometimes tragic and afflicts between 10 to 20 percent of new  
13 mothers and pregnant women; and

14 WHEREAS, Perinatal depression can afflict any woman  
15 regardless of race ethnicity, socioeconomic level, and level of  
16 educational attainment. Also, research shows that a growing  
17 number of fathers experience postpartum depression; and

18 WHEREAS, Perinatal depression is largely preventable when  
19 women, their families, and medical providers understand the risk  
20 factors and potential triggers and are encouraged to take  
21 precautionary measures; and

22 WHEREAS, Measures to prevent perinatal depression through  
23 education regarding the range of disorders and understanding of  
24 the risk factors and triggers can reduce stigma and can help women  
25 and their families to connect with providers, support networks,  
26 and informed and supportive resources in the community; and

27 WHEREAS, The presence of risk factors may increase the  
28 chances of some women experiencing perinatal depression during  
29 pregnancy or following the birth of the child, making it imperative  
30 that women and their families receive information and support at  
31 the earliest possible moment; and

32 WHEREAS, Understanding risk factors and receiving general  
33 information about perinatal depression will help to ensure healthier  
34 pregnancies, births, and infant and child development; and

35 WHEREAS, Through no fault of their own, some women are  
36 at greater risk of experiencing perinatal depression, and therefore  
37 all women and their families should become educated about risk  
38 factors; and

39 WHEREAS, Risk factors include, but are not limited to, the  
40 following:

1 (1) Personal or family history of depression, anxiety, or other  
2 mental illness, including at other times of reproductive change or  
3 in response to fertility drugs.

4 (2) Stressors related to finances, legal needs, interpersonal  
5 relationships, or immigration.

6 (3) History of personal trauma including domestic violence.

7 (4) Early childhood loss of a parent or recent loss of a parent.

8 (5) Sleeping difficulties prior to pregnancy, including, but not  
9 limited to, insomnia.

10 (6) The inability to relax or sleep even if competent help for the  
11 baby is available.

12 (7) Difficulty conceiving or a medically complicated pregnancy.

13 (8) Unwanted pregnancy or ambivalence toward motherhood.

14 (9) Premature birth or other infant health complications.

15 (10) Prior miscarriage or prior traumatic birth.

16 (11) Traumatic childbirth as perceived by the mother or birth  
17 that did not go as expected.

18 (12) Lack of support or negative judgment from partner, other  
19 family, or other social networks.

20 (13) Breast-feeding difficulties.

21 (14) Thyroid dysfunction or family history of thyroid  
22 dysfunction; and

23 WHEREAS, Mothers need support and companionship after  
24 the birth of a baby, including, but not limited to, practical help  
25 with the physical demands and respite from infant care. Perinatal  
26 depression is more likely to develop when these demands are faced  
27 in isolation, especially when other risk factors are present; and

28 WHEREAS, During pregnancy and immediately after childbirth,  
29 strong social support from a partner, family, and others is extremely  
30 important and can take many forms; and

31 WHEREAS, Research suggests that the following interventions  
32 may prevent or lessen the intensity and duration of perinatal  
33 depression:

34 (1) Early recognition during pregnancy of perinatal depression  
35 risk factors.

36 (2) Early detection of symptoms present in pregnancy or  
37 postpartum.

38 (3) Planning of emotional support for mothers when symptoms  
39 are anticipated or present, including, but not limited to, immediate  
40 connection with other mothers and time alone or with a partner.

1 (4) Planning for practical support, including, but not limited to,  
2 food preparation, care of other children in the home, and providing  
3 time and space for the new mother to sleep.

4 (5) Limiting highly conflict-ridden familiar relationships and  
5 finding support from other services.

6 (6) Psychotherapeutic interventions centered on improving  
7 maternal competence and the quality of bonding between the  
8 mother and the baby.

9 (7) Intervening early in breast-feeding difficulties. For some  
10 mothers, breast-feeding can afford protection by lowering the stress  
11 response. However, breast-feeding is only protective as long as it  
12 is a positive experience.

13 (8) Providing additional support and counseling during  
14 pregnancy and the postpartum period for women with more severe  
15 psychiatric histories, including, but not limited to, pre-pregnancy  
16 consultation, medication management, and psychotherapeutic  
17 interventions; and

18 WHEREAS, Increasing awareness about perinatal depression  
19 and related risk factors and increasing awareness of the need to  
20 educate women and their families at the earliest possible point  
21 about perinatal depression and its risk factors and triggers are  
22 imperative among hospital providers, including, but not limited  
23 to, instructors of childbirth and breast-feeding classes, and the  
24 nursing staff of delivery units, obstetrician-gynecologists and other  
25 medical providers, health plans, and insurers; now, therefore, be  
26 it

27 *Resolved by the Assembly of the State of California, the Senate*  
28 *thereof concurring*, That the Legislature declares that this measure  
29 shall be known as the Kelly Abraham Martinez Act; and be it  
30 further

31 *Resolved*, That the Legislature hereby urges hospital providers,  
32 including, but not limited to, instructors of childbirth and  
33 breast-feeding classes, delivery nursing staff,  
34 obstetrician-gynecologists, and other medical providers, mental  
35 health care providers, health plans, and insurers to invest resources  
36 to educate women about perinatal depression risk factors and  
37 triggers; and be it further

38 *Resolved*, That a statewide collaborative network of stakeholders  
39 focused on the areas of health, maternal health, and infant and  
40 child development, along with the American College of

1 Obstetricians and Gynecologists, the American Academy of  
2 Pediatrics, the California Psychological Association, the Los  
3 Angeles County Perinatal Mental Health Task Force, and  
4 Postpartum Support International, are requested to collaborate to  
5 explore ways to assist with the development of perinatal depression  
6 prevention educational materials; and be it further  
7 *Resolved*, That the Chief Clerk of the Assembly transmit copies  
8 of this resolution to the author for appropriate distribution.

O